

**UNITED STATES DEPARTMENT OF THE INTERIOR  
MINERALS MANAGEMENT SERVICE**

NTL No. 2002-N09

Effective Date: August 23, 2002  
Rescission Date: September 30, 2002

**NOTICE TO LESSEES AND OPERATORS OF FEDERAL OIL AND GAS LEASES  
IN THE OUTER CONTINENTAL SHELF**

**MMS Well Applications and Reporting Forms Workshop**

The Minerals Management Service (MMS) has scheduled two half-day workshops to discuss the upcoming revisions of the MMS forms for well applications and reporting. The Gulf of Mexico OCS Regional (GOMR) Office will host the workshops in New Orleans on September 19 and in Houston on September 26 (see details below). The forms to be discussed are:

<b>Form Number</b>	<b>Form Name</b>
Form MMS-123	Application for Permit to Drill (APD)
Form MMS-123S	MMS Supplemental APD Information Sheet
Form MMS-124	Application for Permit to Modify (APM) (Will replace Sundry Notices and Reports on Wells)
Form MMS-125	End of Operations Report (Will replace Well Summary Report)
Form MMS-133	Well Activity Report (Will replace Weekly Activity Report)

The Office of Management and Budget (OMB) approval of the current forms expires on September 30, 2002. The MMS must obtain re-approval and, as part of this process, we revised all and renamed some of the forms. On May 1, 2002, we published the proposed revisions to the forms and provided the public an opportunity to comment (see Federal Register Volume 67, No. 84, page 21718). We have completed the form revisions and submitted them to OMB for approval. We anticipate OMB approval by October 1, 2002. Advance copies of the revised forms are attached for your convenience, but do not take effect until OMB approves them.

The revisions to the forms, some of which are relatively significant, were initiated to alleviate redundant reporting and clarify other permit and reporting requirements. They also represent an integral part of the transformation to an "E-Forms Permit and Report Process" that will be available in the near future. When complete, this process will provide an electronic option for you to request approval of drilling and well modifications and report information for our database.

The goal of the workshops is to provide guidance and assistance to you in using these revised forms. We will be discussing the modifications and additions to the fields on the forms and the operations or situations that require you to submit the forms to MMS.

**Workshop Details:** These workshops are open to participation by the oil and gas industry representatives in all of the MMS OCS regions and their vendors who provide data services. There is no charge; however, we encourage you to register in advance since attendance is limited to 100 persons per workshop. Workshop particulars are:

Date	Time	Place	Address
September 19, 2002	9:30 am to 11:30 am	New Orleans, Louisiana	MMS GOMR Office at 1201 Elmwood Park Blvd, Room 111/115
September 26, 2002	9:30 am to 11:30 am	Houston, Texas	Wyndham Greenspoint Hotel 12400 Greenspoint.

A map of the location of the MMS GOMR office, is posted on the MMS GOMR website at:  
<http://www.gomr.mms.gov/homepg/whoismms/bldgmap.html>

**Workshop Agenda:** The tentative agenda for the MMS forms workshops is:

Time	Item	Presenter(s)
9:00 am	Greeting, background, major form changes	Lars Herbst
9:15 am	Specific form changes	Bob Lanza and Pete Harrison
10:15 am	Break	
10:30 am	Questions and answers	
11:30 am	Conclusion of workshop	

**Registration Contacts:** To sign up for the workshop, you may contact:

Ms. Suzanne Winstead at (504) 736-2504 or e-mail to [suzanne.winstead@mms.gov](mailto:suzanne.winstead@mms.gov); or  
 Ms. Rita Lewis at (504) 736-2505 or e-mail to [rita.lewis@mms.gov](mailto:rita.lewis@mms.gov).

If you wish to register in writing, you may complete the registration form attached to this NTL and either mail or fax it to MMS as shown on the form.

**Information Contacts:** If you have any questions about the workshop, you may contact:

Mr. Bob Lanza at (504).736-2450 or e-mail to [robert.lanza@mms.gov](mailto:robert.lanza@mms.gov); or  
 Mr. Lars Herbst at (504) 736-2504 or e-mail to [lars.herbst@mms.gov](mailto:lars.herbst@mms.gov).

Workshop information will also be posted on the MMS GOMR website at:

<http://www.gomr.mms.gov/homepg/new/calendr.html>

**Paperwork Reduction Act of 1995 (PRA) Statement:** This NTL does not refer to or impose any information collection subject to the PRA.

8/20/02  
 Date

Thomas A. Readinger  
 Thomas A. Readinger  
 Associate Director for  
 Offshore Minerals Management

Attachment 1: MMS Forms Workshop Registration

Attachments 2 through 6: MMS Well Applications and Reporting Forms

## MMS Forms Workshop Registration

**There is no registration fee for this workshop; however, your early enrollment allows us to arrange adequate seating. You may either mail or fax your registration to MMS.**

\_\_\_\_\_ Yes, I will attend the September 19, 2002. forms workshop at the MMS GOMR Office at 1201 Elmwood Park Blvd., in New Orleans, Louisiana.

\_\_\_\_\_ Yes, I will attend the September 26, 2002. MMS forms workshop at the Wyndham Greenspoint Hotel, 12400 Greenspoint, in Houston, Texas.

Please Type/Print:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone \_\_\_\_\_ (Fax) \_\_\_\_\_

E-mail address \_\_\_\_\_

**Mail registration form to:**

Minerals Management Service  
Gulf of Mexico OCS Region  
New Orleans District  
Attention: Bob Lanza (MS 5020)  
990 North Corporate Drive, Suite 100  
New Orleans, Louisiana 70123-2394

**Fax registration form to:**

(504) 736-2836

**U.S. Department of the Interior  
Minerals Management Service (MMS)**

**Submit ORIGINAL plus THREE copies,  
with ONE copy marked "Public  
Information"**

OMB Control Number 1010-0044  
OMB Approval Expires XX/XX/2005

## Application for Permit to Drill (APD)

1. PROPOSAL TO DRILL NEW WELL      SIDETRACK      BYPASS      DEEPEN				2. MMS OPERATOR NO.		3. OPERATOR NAME and ADDRESS (Submitting Office)	
4. WELL NAME (Current)		5. SIDETRACK NO. (Current)		6. BYPASS NO. (Current)			
7. PROPOSED START DATE		8. PLAN CONTROL NO. (New Well Only)					
9. API WELL NO. (Current Sidetrack / Bypass) (12 Digits)							
<b>WELL AT TOTAL DEPTH (PROPOSED)</b>				<b>WELL AT SURFACE</b>			
10. LEASE NO.				15. LEASE NO.			
11. AREA NAME				16. AREA NAME			
12. BLOCK NO.				17. BLOCK NO.			
13. LATITUDE NAD 83 or NAD 27		14. LONGITUDE NAD 83 or NAD 27		18. LATITUDE NAD 83 or NAD 27		19. LONGITUDE NAD 83 or NAD 27	
<b>LIST OF SIGNIFICANT MARKERS ANTICIPATED</b>							
20. NAME			21. TOP (MD)	20. NAME			21. TOP (MD)
22. LIST ALL ATTACHMENTS (Attach Complete Well Prognosis and Attachments Required by 30 CFR 250.414(B) through (G) or 30 CFR 250.1617(C) and (D), As Appropriate)							
23. AUTHORIZING OFFICIAL (Type or Print Name)				24. TITLE			
25. AUTHORIZING SIGNATURE				26. DATE			

THIS SPACE FOR MMS USE ONLY		
APPROVED: <input type="checkbox"/> With Attached Conditions <input type="checkbox"/> Without Conditions	BY	TITLE
API WELL NO. ASSIGNED TO THIS WELL		DATE

**PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT:** The PRA (44 U.S.C. 3501 et seq.) Requires us to inform you that we collect this information to obtain knowledge of equipment and procedures to be used in drilling operations. MMS uses the information to evaluate and approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed drilling operation. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.196. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 2½ hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Minerals Management Service, 1849 C Street, N.W., Washington, DC 20240.

Supplemental APD Information Sheet

1. OPERATOR NAME					5. WELL NAME (Proposed)					6. TYPE OF WELL EXPLORATORY                      DEVELOPMENT					11. WATER DEPTH			12. ELEVATION AT KB				
2. API WELL NO. (Proposed) (12 Digits)			3. BOTTOM LEASE NO. (Proposed)					7. SIDETRACK NO. (Proposed)				8. BYPASS NO. (Proposed)			13. H <sub>2</sub> S DESIGNATION KNOWN                      UNKNOWN                      ABSENT							
4. TOTAL DEPTH (Proposed)  MD _____                      TVD _____										9. RIG NAME					10. RIG TYPE		14. H <sub>2</sub> S ACTIVATION PLAN DEPTH FT (TVD)					
15. ENGINEERING DATA																						
Hole Size (IN)	Casing (Indicate if Liner)	Casing Size (IN)	Weight (#/Feet)	Burst Rating (psi)	Type of Connection	MASP (psi)	Safety Factors			Top of Liner	Casing Depth (Feet)	Casing Shoe (ppg)			Well-head Rating (psi)	BOP Size (In)	Rated BOP Working Pressure	Test Pressures			Cement (Feet <sup>3</sup> )	Drilling Fluid Type (Oil Base, Water Base, Synthetic)
			Grade	Collapse Rating (psi)			B	C	T	MD	TVD	PP	MW	FG			Annular/ Diverter (psi)	Annular/ Diverter (psi)	Casing Test (psi)	Casing Shoe (ppg)		
		Ram (psi)																	Ram (psi)			
	Drive/ Structural																					
	Conductor																					
	Surface																					
16. CONTACT NAME								17. CONTACT PHONE NO.								18. CONTACT E-MAIL ADDRESS						
19. Will you maintain quantities of mud and mud material (including weight materials and additives) sufficient to raise the entire system mud weight ½ ppg or more?                      YES                      NO																						
20. REMARKS:																						

**PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT:** The PRA (44 U.S.C. 3501 et seq. requires us to inform you that we collect this information to obtain well status, well and casing test, and well casing configuration data. MMS uses this information to have accurate data and information on all wells under its jurisdiction and to ensure compliance with approved plans. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.196. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 1½ hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Minerals Management Service, 1849 C Street, N.W., Washington, DC 20240.

U.S. Department of the Interior  
Minerals Management Service  
(MMS)

Submit **ORIGINAL** plus **THREE** copies,  
with **ONE** copy marked "Public Information"

OMB Control Number 1010-0045  
OMB Approval Expires XX/XX/2005

# APPLICATION FOR PERMIT TO MODIFY (APM)

(Replaces Sundry Notices and Reports on Well)

1. TYPE OF SUBMITTAL REQUEST      SUBSEQUENT      CORRECTION APPROVAL      REPORT			2. MMS OPERATOR NO.		3. OPERATOR NAME and ADDRESS ( <i>Submitting Office</i> )	
4. WELL NAME		5. SIDETRACK NO.		6. BYPASS NO.		
7. API WELL NO. ( <i>12 digits</i> )		8. START DATE ( <i>Proposed</i> )		9. PRODUCING INTERVAL CODE		10. WELL STATUS
						11. WATER DEPTH ( <i>Surveyed</i> )
						12. ELEVATION AT KB ( <i>Surveyed</i> )
<b>WELL AT TOTAL DEPTH</b>				<b>WELL AT SURFACE</b>		
13. LEASE NO.				16. LEASE NO.		
14. AREA NAME				17. AREA NAME		
15. BLOCK NO.				18. BLOCK NO.		
19. PROPOSED OR COMPLETED WORK ( <i>Describe in Section 22</i> )						
INITIAL COMPLETION		PERMANENT PLUGGING		ACIDIZE WITH COIL TUBING		
MULTI-COMPLETION		TEMPORARY ABANDONMENT		ARTIFICIAL LIFT (INITIAL)		
RECOMPLETION		PLUG BACK TO SIDETRACK / BYPASS		WORKOVER		
MODIFY PERFORATIONS				CHANGE IN APPROVED PROCEDURE		
CHANGE ZONE		OTHER _____		FINAL LOCATION PLAT ATTACHED		
20. RIG NAME OR PRIMARY UNIT ( <i>e.g., Wireline Unit, Coil Tubing unit, etc.</i> )						21. RIG TYPE
22. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ( <i>Attach Prognosis or Summary of Completed Work, As Appropriate</i> )						
23. CONTACT NAME				24. CONTACT TELEPHONE NO.		25. CONTACT E-MAIL ADDRESS
26. AUTHORIZING OFFICIAL ( <i>Type or Print Name</i> )				27. TITLE		
28. AUTHORIZING SIGNATURE				29. DATE		

## THIS SPACE FOR MMS USE ONLY

APPROVED BY	TITLE	DATE
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**PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT:** The PRA (44 U.S.C. 3501 *et seq.*) requires us to inform you that we collect this information to obtain knowledge of equipment and procedures to be used in drilling well-completion, workover, and production operations. MMS uses the information to evaluate and approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed operation. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.196. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 1¼ hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Minerals Management Service, 1849 C Street, N.W., Washington, DC 20240.

U.S. Department of the Interior  
Minerals Management Service  
(MMS)

Submit **ORIGINAL plus TWO copies**,  
with **ONE copy marked "Public Information"**

OMB Control Number 1010-0046  
OMB Approval Expires XX/XX/2005

## END OF OPERATIONS REPORT (Replaces Well Summary Report)

1. COMPLETION ABANDONMENT OTHER _____		WORKOVER CORRECTION		2. API WELL NO. (12 Digits)		3. PRODUCING INTERVAL CODE		4. OPERATOR NAME and ADDRESS (Submitting Office)	
5. WELL NAME		6. SIDETRACK NO.		7. BYPASS NO.		8. MMS OPERATOR NO.			
<b>WELL AT TOTAL DEPTH</b>					<b>WELL AT PRODUCING ZONE</b>				
9. LEASE NO.					14. LEASE NO.				
10. AREA NAME					15. AREA NAME				
11. BLOCK NO.					16. BLOCK NO.				
12. LATITUDE NAD 83 or NAD 27		13. LONGITUDE NAD 83 or NAD 27		17. LATITUDE NAD 83 or NAD 27		18. LONGITUDE NAD 83 or NAD 27			
<b>WELL STATUS INFORMATION</b>									
19. WELL STATUS		20. TYPE CODE		21. WELL STATUS DATE		22. KOP (MD) ST / BP		23. TOTAL DEPTH (Surveyed) MD _____ TVD _____	
<b>PERFORATED INTERVAL(S) THIS COMPLETION</b>									
24. TOP (MD)		25. BOTTOM (MD)		26. TOP (TVD)		27. BOTTOM (TVD)			
28. RESERVOIR NAME				29. NAME(S) OF PRODUCING FORMATION(S) THIS COMPLETION					
<b>SUBSEA COMPLETION</b>									
30. PROTECTION PROVIDED YES NO				31. BUOY INSTALLED YES NO				32. TREE HEIGHT ABOVE MUDLINE	
<b>HYDROCARBON BEARING INTERVALS</b>									
33. INTERVAL NAME		34. TOP (MD)		35. BOTTOM (MD)		36. TYPE OF HYDROCARBON			

**END OF OPERATIONS REPORT (Continued)****LIST OF SIGNIFICANT MARKERS PENETRATED**

37. NAME	38. TOP (MD)	37. NAME	38. TOP (MD)

**ABANDONMENT HISTORY OF WELL**

39. CASING SIZE	40. CASING CUT DATE	41. CASING CUT METHOD	42. CASING CUT DEPTH
43. TYPE OF OBSTRUCTION	44. PROTECTION PROVIDED YES NO	45. BUOY INSTALLED YES NO	46. OBSTRUCTION HEIGHT ABOVE MUDLINE
47. CONTACT NAME	48. CONTACT TELEPHONE NO.	49. CONTACT E-MAIL ADDRESS	
50. AUTHORIZING OFFICIAL (Type or Print Name)	51. TITLE		
52. AUTHORIZING SIGNATURE	53. DATE		

**PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT:** The PRA (44 U.S.C. 3501 et seq.) requires us to inform you that we collect this information to obtain knowledge of equipment and procedures to be used in drilling operations. MMS uses the information to evaluate and approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed drilling operation. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.196. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Minerals Management Service, 1849 C Street, N.W., Washington, DC 20240.



U.S. Department of the Interior  
Minerals Management Service (MMS)

Submit **ORIGINAL**

OMB Control Number 1010-0132  
OMB Approval Expires XX/XX/2005

# WELL ACTIVITY REPORT (Replaces Weekly Activity Report)

BEGINNING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

REPORT IS NOT TO EXCEED 7 DAYS (1 WEEK) IN DURATION

**CORRECTION**

**CHECK IF THIS IS THE LAST WELL ACTIVITY REPORT**

GENERAL INFORMATION											
1. API WELL NO. (10 Digits)						2. OPERATOR NAME					
3. WELL NAME		4. SIDETRACK NO.		5. BYPASS NO.		6. CONTACT NAME / CONTACT TELEPHONE NUMBER					
7. RIG NAME OR PRIMARY UNIT (e.g., Wireline Unit, Coil Tubing Unit, etc.)							8. WATER DEPTH		9. ELEVATION AT KB		
10. CURRENT WELLBORE INFORMATION											
SURFACE						BOTTOM					
LEASE NO.		AREA NAME		BLOCK NO.		LEASE NO.		AREA NAME		BLOCK NO.	
WELLBORE	START DATE	TD DATE	STATUS	END DATE	MD	TVD	MW PPG	LAST BOP TEST DATE	LAST BOP TEST PRESSURE		
									LOW	HIGH	
11. WELLBORE HISTORICAL INFORMATION											
WELLBORE	BOTTOM LEASE		START DATE		TD DATE		PA DATE		FINAL MD		FINAL TVD
12. CASING / LINER / TUBING RECORD											
TUBULAR TYPE	HOLE SIZE (IN)	SIZE (IN)	WEIGHT (#/Feet)	GRADE	TEST PRESSURE (psi)	SHOE TEST (EMW)	SETTING DEPTH (MD)		CEMENT QUANTITY (Cubic Feet)		
							TOP	BOTTOM			

**WELL ACTIVITY REPORT (Continued)****13. OPEN HOLE TOOLS, MUDLOGS, AND DIRECTIONAL SURVEYS**

SERVICE COMPANY	DATE OPERATIONS COMPLETED	TOOL LOGGING METHOD	LOG TOOL CODE	INTERVAL DEPTH (MD)	
				TOP	BOTTOM

**14. IDENTIFY OTHER OPEN HOLE DATA COLLECTED**

	YES	NO		YES	NO		YES	NO
VELOCITY SURVEYS			PALEO SAMPLES			SIDEWALL SAMPLES		
CONVENTIONAL CORES			LITHO SAMPLES			GEOCHEM SAMPLES		

**15. WELL ACTIVITY SUMMARY**

**Provide a daily summary of well activities.**

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